

NEW DATA AND NEW OPPORTUNITIES IN PUBLIC HEALTH

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KEYNOTE LUNCHEON ADDRESS TO THE  
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CHICAGO, ILLINOIS

JUNE 24, 1982

(GREETINGS TO HOSTS, SPECIAL GUESTS, ETC.)

IT IS A GREAT PRIVILEGE TO BE HERE TODAY TO REPRESENT THE PUBLIC HEALTH SERVICE AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. I WANT TO TAKE JUST A MOMENT TO CONGRATULATE THE SPONSORS AND PLANNERS OF THIS IMPORTANT CONFERENCE. MAYOR BYRNE, THIS EFFORT SPEAKS WELL OF THE ABILITY OF THE PEOPLE OF CHICAGO TO PUT FORTH THEIR BEST EFFORTS... TO DRAW RESOURCES FROM THIS GREAT URBAN WELL-SPRING. AND TO COMMISSIONER MURIEL, I SALUTE YOU FOR BRINGING INTO SHARPER FOCUS THE SPECIFIC HEALTH NEEDS OF A MAJOR GROUP WITHIN THIS CITY'S -- AND THIS COUNTRY'S -- POPULATION.

I THINK MAYOR BYRNE SHOWED GREAT FORESIGHT WHEN, A YEAR AGO MARCH, SHE DIRECTED THE FORMATION OF A COMMITTEE TO STUDY THE HEALTH STATUS AND HEALTH CARE NEEDS OF CHICAGO'S HISPANIC POPULATION. THE COMPLETED STUDY -- ENTITLED HISPANIC HEALTH NEEDS -- IS NOW AVAILABLE AND PROVIDES US WITH A BASELINE FROM WHICH TO MOVE AHEAD. THE RECOMMENDATIONS FOR ACTION REFLECT THE NEED FOR FURTHER DISCUSSION, RESEARCH, AND PLANNING. THEY ALSO SERVE AS A USEFUL MATRIX FOR THIS CONFERENCE. I AM SURE IT IS EQUALLY VALUABLE READING FOR COMMUNITY, HEALTH, AND POLITICAL LEADERSHIPS IN OTHER AMERICAN CITIES THAT ALSO WANT TO IMPROVE THE HEALTH OF THEIR HISPANIC CITIZENS.

AS YOU KNOW, THE UNITED STATES NOW HAS THE FIFTH LARGEST HISPANIC POPULATION IN THE WORLD. IF PRESENT POPULATION TRENDS CONTINUE, WE WILL RISE TO FOURTH PLACE IN JUST A FEW YEARS. OUR CITIZENS OF HISPANIC HERITAGE REPRESENT NOT ONLY A SIGNIFICANT PART OF OUR OWN POPULATION -- 1 OF EVERY 16 AMERICANS -- THEY ALSO ARE THE REASON THIS COUNTRY HOLDS A SPECIAL PLACE WITHIN THE ENTIRE FAMILY OF NATIONS. THEREFORE, IT IS ESSENTIAL THAT GOVERNMENT SEE CLEARLY THE SPECIFIC HEALTH NEEDS OF ITS HISPANIC CITIZENS.

THE UNITED STATES IS, IN FACT, A "NATION OF NATIONS." THAT PHRASE IS THE TITLE OF A SPECIAL EXHIBIT AT THE SMITHSONIAN INSTITUTION AND I HOPE THAT IF YOU VISIT THE CAPITAL YOU WILL RESERVE AN HOUR OR SO TO SEE THAT VERY INSTRUCTIVE AND UPLIFTING EXHIBIT. BUT I DON'T MAKE THAT PARTICULAR POINT TO ADVERTISE A MUSEUM SHOW. MY POINT GOES BEYOND THAT.

THE UNITED STATES IS A DIVERSE, COMPLEX SOCIETY. IT IS NOT JUST THIS OR JUST THAT. AND NATIONAL HEALTH POLICY MUST CONSIDER THOSE MANY DIFFERENCES AND MAKE THE NECESSARY ADJUSTMENTS. IT IS GENERALLY AN IMPERFECT PROCESS...WE'VE MADE MISTAKES AND BEEN GUILTY OF MISJUDGMENTS OVER THE YEARS. THE ONLY CONSOLATION WE SOMETIMES HAVE IS THE FACT, IF WE MADE NO MISTAKES AT ALL, IT WOULD BE A SIGNAL THAT WE ARE NO

LONGER THAT COMPLICATED, DIVERSE "NATION OF NATIONS," BUT HAVE BECOME AN HOMOGENIZED SOCIETY -- THE KIND THAT HAS LESS OF OUR IMAGINATION, VITALITY, AND ENERGY ALONG WITH LESS OF ITS CONFLICTS.

THE TRADE-OFF JUST WOULDN'T BE WORTH IT.

BUT WE NEED TO LOOK MORE CLOSELY AT OUR OWN DIVERSITY. WE HAVE HAD A TENDENCY, FOR EXAMPLE, TO SPEAK OF HISPANICS AS A SINGLE GROUP, WHEN THE TRUTH IS SOMETHING ELSE: THE HISPANIC COMMUNITY IN THIS COUNTRY IS NEARLY AS DIVERSE AND AS COMPLEX, ALTHOUGH ON A SMALLER SCALE, AS THE U.S. ITSELF. I BELIEVE THE AMERICAN HEALTH SYSTEM IS GRADUALLY COMING TO UNDERSTAND THAT MORE AND MORE -- THAT OUR PUERTO RICAN CITIZENS HAVE NEEDS A BIT DIFFERENT FROM THOSE OF OUR CITIZENS WITH A CUBAN OR MEXICAN HERITAGE. SIMILARLY, ALL THREE SEE THE WORLD IN A WAY DIFFERENT FROM THE WAY IT MAY BE SEEN BY A COLOMBIAN OR A SALVADORAN OR A VENEZUELAN.

OVER THE PAST SEVERAL YEARS THE HISPANIC EMPLOYEES OF THE PUBLIC HEALTH SERVICE HAVE WORKED HARD AND, I THINK, EFFECTIVELY TO GET ACROSS THIS IDEA OF AN "HISPANIC MOSAIC" IN THIS COUNTRY. THE RESULT HAS BEEN A MORE CAREFUL EXAMINATION OF WE WHAT DO WELL AND NOT SO WELL FOR THE HEALTH OF HISPANIC CITIZENS AND, AS WE IMPROVE OUR EFFORTS, WHAT OUR PRIORITIES OUGHT TO BE.

OUR FIRST PRIORITY, I THINK YOU WILL ALL AGREE, IS TO KNOW JUST WHAT WE'RE TALKING ABOUT. AND TO THAT END, WE WILL BE OFFICIALLY LAUNCHING THE GOVERNMENT'S FIRST LARGE-SCALE HEALTH SURVEY OF THE HISPANIC POPULATION OF THE UNITED STATES.

THE SURVEY IS MODELLED AFTER THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY, COMMONLY KNOWN AS THE "NATIONAL HANES." THE "HANES" SURVEYS -- THERE'VE BEEN FOUR OF THEM IN THE PAST 20 YEARS -- PRODUCE SOME OF OUR MOST IMPORTANT AND MOST RELIABLE DATA ABOUT THE PREVALENCE OF SUCH DISEASE CONDITIONS AS HYPERTENSION AND DIABETES... IT GIVES US A GOOD READING OF THE LEAD, CARBON MONOXIDE, AND PESTICIDE LEVELS IN THE BLOOD...AND HEIGHT AND WEIGHT MEASUREMENTS FOR BOTH SEXES AND ALL AGE AND SOCIOECONOMIC GROUPS.

THE "HISPANIC HANES" SURVEY WAS FIRST DISCUSSED BACK IN 1977 AND 1978. AFTER THE PLANNING WAS DONE AND CONGRESS APPROPRIATED THE FUNDS, WE DID A FEW TRIAL RUNS. AND NOW WE'RE READY TO GO, BEGINNING ON JULY 8 IN SAN ANTONIO.

SOME OF YOU HAVE ALREADY HEARD ABOUT THE "HISPANIC HANES" SURVEY FROM MY P.H.S. COLLEAGUE, MR. FERNANDO TREVINO OF THE NATIONAL CENTER FOR HEALTH STATISTICS. MR. TREVINO WILL BE ABLE TO TALK ABOUT IT IN

MORE DEPTH THIS AFTERNOON WHEN HE PARTICIPATES IN THE WORKSHOP PROGRAM. LET ME JUST SAY THAT WE ARE VERY EAGER TO GET ON WITH THE SURVEY SO THAT WE MAY LEARN THE THINGS WE OUGHT TO HAVE KNOWN ABOUT A LONG WHILE AGO.

BUT IT WOULD BE A MISTAKE TO THINK THAT THIS SURVEY -- OR ANY ONE ACTIVITY, FOR THAT MATTER -- WILL TELL US EVERYTHING WE NEED TO KNOW IN ORDER TO IMPROVE HEALTH SERVICES FOR HISPANIC CITIZENS. I CAN REMEMBER THE REQUESTS MADE OVER THE YEARS TO PUBLIC HEALTH SERVICE PERSONNEL WHO WERE MANAGING ONE OR ANOTHER OF THE VARIOUS HEALTH SERVICE DELIVERY PROGRAMS -- MATERNAL AND CHILD HEALTH, ALCOHOLISM AND DRUG ABUSE PROJECTS, AND SO ON. REPRESENTATIVES OF THE HISPANIC COMMUNITY -- INCLUDING SOME PERSONS HERE TODAY, I WOULD IMAGINE -- CONSISTENTLY ASKED THAT WE DO A BETTER JOB REACHING OUT TO LOCAL AND STATE-WIDE HISPANIC GROUPS, USING THEIR KNOWLEDGE AND EXPERIENCE OF THEIR COMMUNITIES TO HELP GET ACROSS CERTAIN IMPORTANT HEALTH MESSAGES OR TO GAIN MAXIMUM PARTICIPATION BY HISPANIC CITIZENS IN MANY OF THESE ESSENTIAL HEALTH SERVICES PROGRAM.

I HAVE TO ADMIT THAT THE FEDERAL RECORD IS UNEVEN ON THIS SCORE. I KNOW WE MADE EVERY POSSIBLE EFFORT TO OBTAIN THE HELP OF COMMUNITY GROUPS. I THINK ANYONE WILL GRANT US THAT. BUT I CAN'T BELIEVE THAT

WE WOULD EVER REALLY SUCCEED IN GETTING THE DEGREE OF INVOLVEMENT THAT MANY PEOPLE WANTED AND WHICH WAS PROBABLY DESIRABLE IN MOST CASES. THAT KIND OF EFFORT IS ALMOST BEYOND THE CAPACITY OF A CENTRAL, WASHINGTON-BASED PROGRAM MANAGEMENT. BUT SAYING THAT DOESN'T MAKE THE PROBLEM GO AWAY. WE STILL NEED TO FIND WAYS TO GET OUR COMMUNITIES AND OUR NEIGHBORHOODS INVOLVED AND CONCERNED ABOUT IMPROVING THE HEALTH STATUS OF THEIR RESIDENTS.

I THINK WE MAY HAVE ANOTHER AND BETTER OPPORTUNITY AS A RESULT OF THE "BLOCK GRANT" LEGISLATION PROPOSED BY THE PRESIDENT AND ENACTED INTO LAW BY THE CONGRESS. LET ME TAKE JUST A MOMENT TO INDICATE WHERE THE BLOCK GRANT PROPOSAL CAME FROM -- WHY -- AND HOW IT'S DOING, NOW THAT IT'S THE LAW OF THE LAND.

FIRST, I THINK WE ALL ARE AWARE THAT THE GROWTH OF THE U.S. PUBLIC HEALTH SERVICE DURING THE PAST 15 TO 20 YEARS WAS PRIMARILY THE RESULT OF NEW AND EXPANDING CATEGORICAL GRANT PROGRAMS. WHEN PRESIDENT REAGAN WAS INAUGURATED, IN JANUARY 1981, THE GOVERNMENT WAS FUNDING AND OPERATING 534 CATEGORICAL GRANT-IN-AID PROGRAMS, MOST OF THEM DELIVERING SOME SERVICE. ONE-SEVENTH OF THOSE -- 74, TO BE EXACT -- WERE IN P.H.S. AND INCLUDED MATERNAL AND CHILD HEALTH CARE, ALCOHOLISM AND DRUG ABUSE PROJECTS, COMMUNITY MENTAL HEALTH CENTERS, HYPERTENSION DETECTION AND TREATMENT PROJECTS, AND OTHERS.

THIS ADMINISTRATION BELIEVES THAT IT'S TIME FOR THE FEDERAL GOVERNMENT TO GET OUT OF THE BUSINESS OF DELIVERING HEALTH SERVICES, EITHER DIRECTLY OR BY PROXY THROUGH GRANTEEES AND CONTRACTORS. THE EXCEPTIONS ARE TWO SPECIAL POPULATIONS: VETERANS AND THE INDIAN PEOPLE. FEDERAL DELIVERY OF HEALTH SERVICES THROUGH THE EXTENSIVE COLLECTION OF CATEGORICAL GRANTS-IN-AID HAS BEEN TOO COSTLY, TOO UNWIELDY, AND NOT AS EFFECTIVE AS WE HAVE ALWAYS HOPED THEM TO BE.

TRANSFERRING THOSE FEDERAL PROGRAMS TO STATE AND TERRITORIAL HEALTH AUTHORITIES SEEMED TO BE PREFERABLE. BUNDLING THEM INTO BLOCKS, WITH AS FEW STRINGS AS POSSIBLE, WAS TO BE THE METHOD.

THE PRESIDENT PROPOSED IN MARCH 1981 THAT A NUMBER OF HEALTH SERVICES PROGRAMS, MANAGED AT THE FEDERAL LEVEL, BE CONSOLIDATED INTO BLOCK GRANTS AND TRANSFERRED TO THE STATES, WHO COULD USE THOSE PROGRAMS TO RESPOND MORE EFFECTIVELY TO THE HEALTH NEEDS OF THEIR CITIZENS. CONGRESS DID NOT ACCEPT THE ENTIRE PROPOSAL, BUT DID IN FACT SHIFT THE AUTHORITY OF SOME 22 PROGRAMS BACK TO THE STATES AND LOCALITIES IN THE "OMNIBUS BUDGET RECONCILIATION ACT," PASSED IN AUGUST OF LAST YEAR.



THAT LAW PULLS TOGETHER SIMILAR CATEGORICAL GRANT-IN-AID PROGRAMS INTO FOUR BLOCK GRANTS TO THE STATES: ONE FOR PREVENTIVE SERVICES, ANOTHER FOR THE ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH PROJECTS, A THIRD FOR MATERNAL AND CHILD HEALTH SERVICES, AND A FOURTH CONCERNED WITH PRIMARY CARE, OF WHICH THE CENTERPIECE IS THE COMMUNITY HEALTH CENTERS PROGRAM. CONGRESS AUTHORIZED AND FUNDED THE FIRST THREE FOR THIS CURRENT FISCAL YEAR. THE FOURTH BLOCK GRANT -- THE ONE FOR PRIMARY HEALTH CARE SERVICES -- HAS BEEN REVISED BY THE ADMINISTRATION AND RE-SUBMITTED TO THE CONGRESS. IF APPROVED, IT WOULD GO INTO EFFECT ON OCTOBER 1, 1982.

SINCE LAST AUGUST, VIRTUALLY ALL 57 STATES, TERRITORIES, AND THE DISTRICT OF COLUMBIA HAVE ADOPTED THE BLOCK GRANT FOR MATERNAL AND CHILD HEALTH SERVICES, THE ONE COVERING DETECTION AND TREATMENT SERVICES IN ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH, AND THE BLOCK GRANT FOR PREVENTION SERVICES. THE TWO OR THREE STATES WHICH HAVE NOT YET OFFICIALLY SIGNED UP HAVE ADVISED US THAT THEY WILL DO SO BY SEPTEMBER 30, THE CLOSE OF OUR FISCAL YEAR. WE LOOK FORWARD TO THE SAME KIND OF ACCEPTANCE FOR THE FOURTH BLOCK GRANT -- THE ONE EMBRACING COMMUNITY HEALTH CENTERS AND OTHER PRIMARY CARE SERVICES -- AVAILABLE IN OCTOBER.

THE BLOCK GRANTS HAVE FEW STRINGS ATTACHED. THE REQUIREMENTS FOR THE FIRST THREE BLOCKS TAKE UP A HALF-DOZEN PAGES IN THE FEDERAL REGISTER, COMPARED TO THE MORE THAN 200 PAGES THAT GOVERNED THE SAME PROGRAMS WHEN THEY WERE RUN AS GRANTS-IN-AID OUT OF WASHINGTON. BUT THERE ARE TWO REQUIREMENTS THAT I THINK IT NECESSARY TO EMPHASIZE TO YOU TODAY.

FIRST, THE ACT ITSELF AND THE REGULATIONS WE PUBLISHED SPECIFICALLY REQUIRE THE STATES TO LAY OUT THEIR PLANS FOR PUBLIC COMMENT. NO ONE REALLY BELIEVES THAT THE STATES WILL TAKE ALL THESE PROGRAMS AND MANAGE THEM EXACTLY AS THEY WERE MANAGED BY OUR PERSONNEL IN WASHINGTON. BUT IT WAS ALSO IMPORTANT TO HAVE THE LAW INDICATE THAT, WHEN STATE HEALTH AUTHORITIES PLANNED TO MAKE CHANGES, THEY WERE OBLIGATED TO LET THEIR CITIZENS KNOW ABOUT IT AND OBTAIN THEIR OPINIONS ON THOSE CHANGES.

IN OTHER WORDS, THE KIND OF PUBLIC PARTICIPATION WE WANTED TO ACHIEVE WHEN WE RAN THESE PROGRAMS -- PARTICIPATION WE NEVER FULLY ACHIEVED -- IS NOW A PART OF THE LAW. WE BELIEVE THAT COMMUNITY GROUPS NOW HAVE A MUCH BETTER OPPORTUNITY TO REACH LOCAL AND STATE GOVERNMENTS AND EXERCISE SOME INFLUENCE ON PROGRAM PLANNING AND MANAGEMENT.

THE REGULATIONS WE PUBLISHED ON OCTOBER 1, 1981, SAID THAT "THE MANNER IN WHICH A STATE OBTAINS PUBLIC COMMENT IS AT THE STATE'S DISCRETION SO LONG AS THE STATUTORY REQUIREMENTS ARE MET. PUBLIC COMMENT MUST BE OBTAINED BEFORE THE PLAN OR DESCRIPTION IS MADE FINAL." THAT SEEMS TO BE CLEAR ENOUGH.

A SECOND AND EQUALLY IMPORTANT REQUIREMENT IS CONTAINED IN SECTION 1908 OF PUBLIC LAW 97-35, THE "OMNIBUS BUDGET RECONCILIATION ACT OF 1981" THAT AUTHORIZES THE BLOCK GRANTS. SECTION 1908 SPECIFICALLY PROHIBITS DISCRIMINATION "ON THE BASIS OF AGE...ON THE BASIS OF HANDICAP...ON THE BASIS OF SEX...OR ON THE BASIS OF RACE, COLOR, OR NATIONAL ORIGIN UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964..." IN ADDITION, THE STATES ARE PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RELIGION IN THE HANDLING OF SOME PROGRAMS IN SOME BLOCKS.

THAT LANGUAGE IS ALSO IN OUR REGULATIONS PUBLISHED IN OCTOBER. BUT EVEN BEFORE THOSE REGULATIONS WERE PUBLISHED, SECRETARY RICHARD SCHWEIKER SENT A PERSONAL LETTER TO EVERY GOVERNOR EXPRESSING THE FEELINGS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AND OF THE ADMINISTRATION IN THIS MATTER OF CIVIL RIGHTS. I THINK IT'S AN

IMPORTANT ENOUGH STATEMENT TO READ IT JUST AS HE WROTE IT AND JUST AS IT WAS SENT OUT TO THE GOVERNORS NEARLY A YEAR AGO, ONLY THREE WEEKS AFTER CONGRESS PASSED THE LAW:

"IN ENACTING OUR BLOCK GRANT PROGRAMS,"-SAID SECRETARY SCHWEIKER, "THE CONGRESS ADOPTED THIS ADMINISTRATION'S RECOMMENDATION THAT THE LAW MAKE CLEAR THE RESPONSIBILITY OF STATES AND GRANTEEES TO COMPLY WITH CURRENT CIVIL RIGHTS STATUTES THAT PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, AND HANDICAP. IN ADDITION, SEVERAL OF THE BLOCKS REQUIRE THAT RELIGIOUS AND SEX DISCRIMINATION BE PROHIBITED AS WELL."

THE SECRETARY CLOSED THIS PARTICULAR PARAGRAPH BY WRITING, "I KNOW YOU SHARE MY VIEW THAT TRANSFER OF PROGRAM RESPONSIBILITY THROUGH THE BLOCK GRANTS WILL RESULT IN NO DIMINUTION OF EQUAL OPPORTUNITY FOR ALL INDIVIDUALS ELIGIBLE TO PARTICIPATE IN THE PROGRAMS."

I THINK THESE STATEMENTS OF LAW AND POLICY ARE CLEAR ENOUGH. IT SEEMS TO ME -- AND I HOPE YOU FEEL THE SAME WAY -- THAT THE AMERICAN PEOPLE -- AND THE PUBLIC OFFICIALS WHO SERVE THEM -- HAVE NO INTENTION OF TURNING BACK THE CLOCK OF SOCIAL CONSCIOUSNESS, CARING, AND COMPASSION.

THESE ARE VERY DIFFICULT TIMES FOR OUR ECONOMY AND FOR OUR PEOPLE IN GENERAL. I'M NOT AN EXPERT IN MANY OF THOSE AREAS, BUT I READ THE NEWSPAPERS AND TALK TO MY NEIGHBORS AND I THINK I HAVE THE SAME FEELINGS THAT MANY OF YOU HAVE...THAT THIS IS A TIME WHEN THE VERY BEST THAT IS IN US IS BEING TESTED. AND I BELIEVE THAT AMONG THE THINGS BEING TESTED IS THE DEGREE TO WHICH OUR SOCIETY CAN REMAIN DIVERSE AND SOCIALLY COMPLEX -- AND STILL BE FAIR.

YOU MAY REMEMBER THAT I BEGAN THESE FEW REMARKS WITH THE OBSERVATION THAT THE UNITED STATES MUST CARE FOR A WIDE RANGE OF HEALTH CONCERNS AND INTERESTS AFFECTING A VERY DIVERSE POPULATION. WE SEEM TO BE ABLE TO DO THAT, ALTHOUGH IT HAS NEVER BEEN AN EASY TASK AND VERY RARELY HAS IT BEEN POSSIBLE TO DO THE JOB AND SATISFY EVERYBODY IN THE PROCESS.

BUT I HOPE WE ARE NOT DISCOURAGED BY THAT. I HOPE, INSTEAD, THAT WE ARE TRULY CHALLENGED BY IT...THAT WE DRAW UPON OUR BEST TALENT, OUR MOST VALUABLE EXPERIENCES, AND OUR TIME-TESTED KNOWLEDGE TO DO THE BEST POSSIBLE JOB TO IMPROVE THE HEALTH STATUS OF OUR HISPANIC CITIZENS.

IT MAY BE THAT THE RESULTS OF THE "HISPANIC HANES" SURVEY -- AND YOUR NEW WORKING RELATIONSHIPS WITH LOCAL AND STATE HEALTH OFFICIALS -- WILL BE THE KEY BUILDING-BLOCKS FOR ACCOMPLISHING THAT VERY IMPORTANT JOB. I WOULD HOPE SO.

IN ANY CASE, THE PUBLIC HEALTH SERVICE REMAINS AS COMMITTED FOR THE FUTURE AS IT HAS BEEN IN THE PAST TO ASSURING EVERY AMERICAN OF THEIR HEALTH RIGHTS AND BENEFITS IN THIS EXTRAORDINARY COUNTRY...THIS "NATION OF NATIONS"...THE UNITED STATES.

THANK YOU...AND BEST WISHES FOR A MOST SUCCESSFUL CONFERENCE.

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